



Togo: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)

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Practice:

The form of female genital mutilation (FGM) or female genital cutting (FGC) practiced in Togo is Type II (commonly referred to as excision). It is practiced in four of Togo's five prefectures, with the highest incidence being in the prefecture of Sokode. It transcends religious and ethnic groups. It occurs among Christians, Muslims and Animists. Most of the groups practicing it in Togo happen to be Muslim. It is not, however, based on religious tenets.

Incidence:

The U.S. Embassy's Democracy and Human Rights Fund (DHRF) provided funds for a research project on FGM/FGC in Togo that was carried out in 1996 by the Demographic Research Unit, a statistical research branch of Togo's University of Benin. The project was a two-pronged study. First, accurate statistics were gathered on how many women and girls had undergone this procedure and the incidence by ethnic group and region. Second, a qualitative study, using interviews and focus groups, was carried out to examine the beliefs underlying the practice and the opinions of excised and non-excised women and men on the practice. The quantitative study covered the entire country and the qualitative study was necessarily concentrated in areas where Type II is currently practiced.

The study found that 12 percent, or one Togolese female in eight, has undergone this procedure. Two of Togo's largest ethnic groups, the Adja-Ewe and Akposso-Akebou, do not practice it. It tends to be limited to certain ethnic groups, among them the Cotocoli, Tchamba, Peul, Mossi, Yanga, Moba, Gourma and Ana-lfe. The Cotocoli, Tchamba, Mossi, Yanga and Peul recorded the highest incidence, ranging from 85-98 percent. Among several of the groups with a lower incidence, notably the Moba and Gourma (incidence of 22 percent and 12 percent respectively), close association with Peul populations has led to the adoption of this practice.

In demographic terms, women over 40 are more likely to have been excised than younger women. Educational level also makes a difference, with an incidence of 15.7 percent among the women with no education; 6.1 percent among those with primary education; and 4 percent for those with secondary or higher education. Broken down by religion, the figures are 63.9 percent for Muslims; 3.2 percent for Christians; 6.1 percent for Animists; and 10 percent for those claiming "other" religions.

Public awareness of the dangers of this practice is much higher in urban areas than in the more remote rural regions. Excisors usually go to remote villages to perform this procedure. Families are reported to come across the border from neighboring Burkina Faso (where laws outlawing this practice reportedly are more strictly enforced) to have the procedure performed in Dapaong, a community in the north of Togo.

Attitudes and Beliefs:

In this research project, 60 percent of the excised women interviewed were in favor of abolition of the practice. The women cited infection, hemorrhage and other health issues as particular problems for the excised. Thirty percent, however, felt that it remains an important cultural practice and would like it to continue. They intend to have their daughters excised.

The Demographic Research Unit, working with women's associations, local women's groups, health workers and others, organized eight focus group discussions on this practice in Togo. The groups covered younger women, older women, excised and non-excised, urban and rural women and two groups of men - one Muslim and the other predominately Christian. Focus group discussions were concentrated in regions and among ethnic groups where the practice occurs. Every group insisted that the practice was founded on traditions and was not called for in any religion practiced by these groups.

There are many customary beliefs surrounding this practice. One is that the person undergoing the procedure must be a virgin and that the blood of a non-virgin going through the procedure could blind the woman carrying out the procedure. Most participants in the group discussions felt that undergoing this procedure had little to do with any woman's subsequent sexual behavior. Whether she would be virtuous or not or have a strong or weak sexual appetite depended more on the individual woman's character than whether she was excised or not.

Type II:

Type II is the excision (removal) of the clitoris together with part or all of the labia minora (the inner vaginal lips).

Type III:

Type III, or infibulation, the most harmful form, is not practiced in Togo. Type II typically takes place on girls older than six or seven years, except among the Peul, where infants are often excised. It could take place just before a woman is married.

It is often carried out as part of a "coming of age" ceremony and is accompanied by festivities and gifts when the girl or woman recovers (usually cited as one to two weeks). The parents pay for the procedure and festivities, unless the girl is already affianced, in which case the fiancée's family contributes to the cost.

In areas where it is practiced, an excised girl commands higher bridewealth than a non-excised girl. Depending on the region and the ethnic group, fees for performing the procedure range from US\$.40 to \$10. If the girl or woman is not a virgin, fees are adjusted upward and are accompanied by extra gifts such as chickens.

Women are the primary guardians of the puberty rite, which is tied closely to women's status and power. The procedure is normally carried out by women and is generally performed without anesthesia.

The Demographic Research Unit interviewed a number of excisors. Most claimed to use a razor blade for the procedure. Formerly a specially forged knife was used, but they said the knives are expensive and difficult to clean. Several commented that due to public health campaigns, they now use a different blade for each girl or woman.

Many admitted to having had health complications with some patients, but most denied that hemorrhage or infection was frequent or serious. One said that she had been dissuaded from further practice by a bad outcome for one of her patients. Most excisors claimed that problems were the result of "bad destiny", the fact that the girl was not a virgin or parents had not performed the appropriate ceremonies of propitiation.

Outreach Activities:

The government has been very supportive of efforts to counteract this practice. It sponsors seminars and campaigns against this practice. As far back as 1984, a National Committee of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) was formed in Togo with the support of the Ministry of Social Affairs. This Committee, the Inter-African Committee for the Struggle Against Practices Harmful to the Health of Women and Children (CIAF), organized seminars and workshops for excisors, health workers, policy-makers and village women and men in the Tchaoudjo region.

In 1997, a major campaign was started in the Central Region in the regions of Tchamba and Tchaoudjo where the incidence of this practice is high. The campaign aims to inform all socio-professional groups, including political and administrative groups, traditional and religious authorities, students, etc. about the harmful effects. The U.S. Embassy provided grants from its Democracy and Human Rights Fund (DHRF) for some of their activities in 1997 and 1999.

CARE/Togo established a reproductive health care project that included FGM/FGC eradication in the Savanna (the northern most area of Togo). In May 1993, Togo sponsored the World Health Assembly resolution on harmful traditional practices. The World Health Organization (WHO) has taken the lead internationally in seeking a worldwide termination of the practice. In 1997, the German Volunteer Service (DED) carried out a campaign in the Plateau Region where the practice is high. Twenty-five excisors were identified and they promised to stop their practice. DED agreed to finance a project of alternative income producing activities. Forty-five agents of change were also trained.

Human rights and women's rights groups in Togo have outreach programs to inform rural populations about their rights and the health dangers of this practice. According to a senior Togolese human rights activist, these outreach programs are having limited immediate success and it will take a generation before a significant reduction in this practice takes place. The YWCA also does extensive outreach.

The Togolese Association for the Well-Being of the Family (Association Togolaise pour le Bien-Etre Familial) organized an educational program in 1999 to raise public awareness of the recent law criminalizing this practice in Togo. The Group of Reflection and Action for Women in Democracy and Development (Groupe de Reflexion et d'Action Femme, Democratie et Developpement) is a women's activist group that works to protect women from this practice and to take care of the victims.

A documentary denouncing the practice of FGM/FGC has appeared on national (government controlled) television.

The U.S. Embassy has been active in promoting women's rights and informing the public about the dangers and consequences of this practice. DHRF-sponsored programs have been effective in providing information to rural populations about health problems related to this practice. These programs have received prominent and favorable coverage in government controlled print media. Other programs have supported the creation of illustrative booklets on the practice for women in rural areas and provided assistance to the Togolese League of Women's Rights to draft a law prohibiting FGM/FGC for presentation to the National Assembly.

In addition to the 1995 nationwide survey funded by the Embassy, it also funded an educational seminar about the practice of

FGM/FGC in 1996 and an awareness program on this subject for over 30,000 Togolese in 1998. Participants in Embassy-funded seminars included religious and traditional leaders, students, government officials and excisors. In 1999, the DHRF provided funding for an educational program organized by CIAF/Togo. In October 2000, a Peace Corps volunteer conducted a four-day awareness program in Guerin-Kouka, an area where the practice is common.

Legal Status:

On October 30, 1998, the National Assembly unanimously voted to outlaw the practice of FGM/FGC. Penalties under the law can include a prison term of two months to ten years, depending on whether death occurred, and a fine of 100,000 CFA (US\$160) to one million CFA (US\$1,600). A person who had knowledge that the procedure was going to take place and failed to inform public authorities can be punished with one month to one year imprisonment or a fine of from 20,000 to 500,000 francs (approximately US\$32 to 800).

During deliberations on the law, legislators called for a widespread information campaign on the harmful health consequences of the practice. At least one excisor has been arrested under the law, but the outcome of the case is unknown.

Following passage of the law, the Ministry of Social Affairs and the Promotion of Women and the Ministry of Health, in collaboration with WHO and the United Nations Population Fund, organized a seminar on the enforcement of the law.

Several ministries followed this example with smaller campaigns to inform the public about the health problems associated with this practice. National radio and television, as well as private radio stations, have broadcast information about the legal and health consequences.

Togo's Constitution also incorporates in Article 50, the rights and responsibilities stated in the Universal Declaration of Human Rights. According to the Togolese Human Rights League, under Article 13 of the Constitution, women should be protected from involuntary submission to this procedure which provides the "...obligation of the State to guarantee each person's life, security and physical and mental integrity..." In addition, Article 21 provides that "...no one can be subjected to torture or other forms of cruel, inhumane or degrading punishment..."

Under customary practice, women become the property of the husband once a marriage takes place. Under Muslim tradition, however, a woman has the right to refuse marriage. It is not until after a marriage takes place that a husband can force his wife to undergo this procedure. A woman has the right to refuse. However, since she is considered the property of her husband she must submit to his will and he would be able to subject her to the procedure.

Protection:

The NGO Group called Reflection and Action for Women in Democracy and Development works to protect women from this practice and take care of those who have already been subjected to it.

There is no documented precedent of women seeking protection from this practice in Togo. An official of the Ministry of Social Affairs has stated that the Ministry would seek to protect any woman who brought forward a claim of abuse of her human rights, including being subjected to this procedure.

A member of the Togolese Human Rights League says NGOs usually cannot do much to protect women because this is a family matter. If the family wanted it carried out, they could probably force it upon an unwilling woman. Now that there is a law against it, however, this should change.

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